| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155243 | A. BUILDING _____ B. WING _____ | C 10/02/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SIGNATURE HEALTHCARE OF LAFAYETTE** | **300 WINDY HILL DR LAFAYETTE, IN 47905** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00136919.<br><br>Complaint IN00136919 unsubstantiated due to lack of evidence.<br><br>This visit was in conjunction with the Recertification and State Licensure Survey and Investigation of Complaint IN00135681.<br><br>Survey dates:<br>September 24, 25, 26, 27, October 1 & 2, 2013<br><br>Facility number: 000147<br>Provider number: 155243<br>AIM number: 100266900<br><br>Survey team:<br>Rita Mullen, RN, TC<br>Bobette Messman, RN<br>Sandra Nolder, RN<br><br>Census bed type:<br>SNF/NF: 114<br>Total: 114<br><br>Census payor type:<br>Medicare: 7<br>Medicaid: 84<br>Other: 23<br>Total: 114<br><br>Signature Healthcare of Lafayette was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the investigation of Complaint IN00136919. | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | Continued From page 1<br>Quality Review was completed by Tammy Alley RN on October 10, 2013. | F 000 | | |